

Ohio Department of Rehabilitation and Correction
Religious Services Department

Offender's Appeal of Decision Regarding Religious Accommodation

TO: Religious Services Administrator
770 West Broad Street
Columbus, Ohio 43222

Name:		Number:
Institution: Richland Correctional Institution	Religious Affiliation:	Date of Appeal:

Your appeal regarding request for religious accommodation is based on:

With this appeal form, you must include:

DRC Form 4326: Request for Religious Accommodation; and
DRC Form 4327: Response to Request for Religious Accommodation

Offender's Signature:	Date:
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